

AMHERST HEALTH DEPARTMENT

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Environmental Health Division (413) 259-3078

www.amherstma.gov

PLAN REVIEW AND APPLICATION FOR HOT TUB(S)/SPA

According to Regulations of the Amherst Health Department under Section 31, Chapter 111, effective December 22, 1960 and 105 CMR 435.002 State Sanitary Code Chapter V: No person shall construct or install a swimming, wading or special purpose pool, or expand, remodel or otherwise make any change which may affect the compliance of an existing swimming, wading or special purpose pool with the requirements of 105 CMR 435.000 until the plans and specifications for the construction or change, under the stamp and signature of a Massachusetts Engineer, have been approved in writing by the Board of Health.

No. _____ Date _____ **Annual Fee - \$125.00**
Plan Review - \$175.00

Owner of Hot Tub(s)/Spa _____

For _____ Phone _____
(Name and Location)

Mailing Address, if different: _____

By _____ Phone _____
(Name, Address and phone of Builder if applicable)

Town Sewer _____ Private Sewer _____ Town Water _____ Private Well _____

Plumber _____ Other _____

| | |
|---|----------------------------|
| (1) Hot Tub Size: Dimensions: _____ feet by _____ feet. | Water Volume _____ Gallons |
| (2) Hot Tub Size: Dimensions: _____ feet by _____ feet. | Water Volume _____ Gallons |
| (3) Hot Tub Size: Dimensions: _____ feet by _____ feet. | Water Volume _____ Gallons |
| (4) Hot Tub Size: Dimensions: _____ feet by _____ feet. | Water Volume _____ Gallons |
| (5) Hot Tub Size: Dimensions: _____ feet by _____ feet. | Water Volume _____ Gallons |

How Filled: _____ How Drained: _____
(No Cross Connections Allowed)

Hot Tub/Spa-Wall and Bottom trim and finish material: _____

Decking-Type, Dimensions and Material(s): _____

WATER SANITATION CONTROL:

Filter: _____ Type: _____ Size: _____

Chlorination: _____ Other: _____ Type: _____

Recirculation: _____ Turnover Time: _____ Operating Instructions available at all times? _____

Test Kit Provided? _____ Other Pertinent Information: _____

Signature: _____
(Sanitarian)

Original to: **Applicant**

Copy to: **Sanitarian**

Copy to: **Inspection Services**